



Date: - Membership No.:-
MAHARASHTRA OPHTHALMOLOGICAL SOCIETY

[To be filled in capital Letters]
[Filling of all Columns Essential]
Life Membership Fee Rs.2,500/-

AFFIX
PHOTOGRAPH
(PASSPORT SIZE)

A. NAME: - _____

Address :- Please mark the correspondence address.

| Residential/Permanent () | | Clinic Address () | |
|---------------------------|-------------|--------------------|-------|
| | | | |
| | | | |
| | | | |
| City:- | Pin:- | City:- | Pin:- |
| Phone No.:- | | Phone No.:- | |
| Mobile No.:- | Email Id :- | | |

Date & Place of Birth: -

Marriage Anniversary:-

Age: -

Sex: - M / F

Memb.No.-Local-

AIOS-

B. QULIFICATIONS:-

Registration No.:-

Council:-

No. & Date:

| Degree/fellowship (Starting From Last) | University/institution | Year of obtaining |
|---|------------------------|-------------------|
| | | |
| | | |
| | | |

C. PROFESSIONAL ATTACHMENT

| Institution | Designation | From | To |
|-------------|-------------|------|----|
| | | | |
| | | | |
| | | | |

D. AWARDS / PAPERS (Published) IF ANY:

| Published | Title | Journal | Year |
|-----------|-------|---------|------|
| | | | |
| | | | |
| | | | |

Area of interest (subspecialty):-

| | | |
|--------------------|----------------|-----------|
| 1) Proposed by Dr. | Membership No. | Signature |
| 2) Seconded by Dr. | Membership No. | Signature |

INSTRUCTIONS

- The Society reserves all rights to accept or reject any application
- The Form should be filled completely in capital letters only
- To be proposed and seconded by Ratified Life Member only. No application form will be accepted. Unless it is complete in all respects. Proposed and Seconded by existing Member of the **MOS**.
- No application for membership will accepted unless it is completed in all details & forwarded along with a fee of **Rs. 2,500/-** for membership of society.
- Every new Member will initially be provisionally admitted and shall be deemed to have become a full Member only after formal ratification by the General Body and issue of Ratification order by the Society. Only then he or she will be eligible to vote, or apply for any Fellowship / Award, propose or Contest for any Election of the Society.
- Documents to be attached with application form:
 - Copy of Degree (MS/DNB/DOMS/etc.)
 - Medical Council Registration Certificate.
 - Two Colored Photographs (one to be pasted on the Application Form & second to be attached.)
 - DD or Multicity Cheque **Rs.2,500/-** in favour of **“Maharashtra Ophthalmological Society”** payable at **LATUR**
 - Online membership will be available on www.moseye.org**
 - For Laminated Photo Identity Card will be issued after ratification of Membership in the next MOS Annual Conference

DECLARATION: - I hereby declare that the above details are correct. I wish to be life member. I have carefully read the instructions overleaf. I shall abide by the Rules, Regulation & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time.

I enclose Bank / DD / Multicity cheque No.:- ----- Dated: - ----- Bank: - -----
 Rs. _____ (Rupees. _____)

Signature of Applicant

Address for sending Application :

Dr. Dharmendra Patil

Patil Eye Hospital,

14, Janaki Nagar,

Jalgaon

Phone : 0257-2238910

Mobile : 09423187486

Email : secretary@moseye.org (For Official MOS Correspondence)

Email : patilEye@gmail.com

For more details please visit: www.moseye.org

For office use only

Name: - _____ Membership No. _____

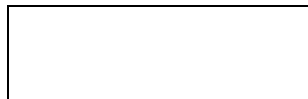
Received DD / Multicity Cheque No. _____ Amount:- _____ Bank:- _____

On date _____ towards membership fees of Maharashtra Ophthalmological Society.

Signature of Secretary

For Laminated Photo Identity Card

(Will be issued after ratification of Membership in the next MOS Annual Conference)



Specimen Signature

